

TCCCC Cancer Facts

About the TCCCC:

The Tennessee Comprehensive Cancer Control Coalition (TCCCC) is a diverse group of partners and organizations from across the state who are dedicated to reducing cancer incidence, morbidity and mortality in Tennessee.

A statewide approach to cancer control is the most effective way to tackle such a monumental public health concern. No single agency or organization can meet the challenge alone.

Physicians, nurses, other health care professionals, community leaders, business leaders, researchers, survivors and cancer advocates who share our mission are encouraged to join the TCCCC.

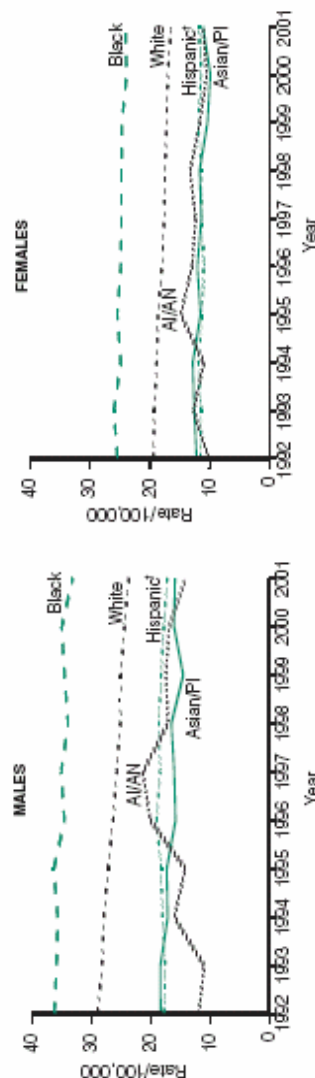
Funding for the TCCCC is provided by a grant from the Centers for Disease Control and Prevention (Grant Number U55/CCU 421981 - 03).

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Visit us on the Web:

www2.state.tn.us/health/CCCC

Colorectal Cancer Death Rates Among Men and Women, by Race/Ethnicity, United States, 1992-2001*



*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
 †Hispanic and non-Hispanic are not mutually exclusive from White, Black, American Indian/Alaska Native (A/AN), and Asian or Pacific Islander (Asian/PI).
 Source: National Center for Health Statistics.

Source: CDC, 2004/05 Colorectal Cancer Fact Sheet



Department of Health, Authorization No. 343812
 1,000 copies. This public document was promulgated
 at a cost of \$.06 per copy. 4/06

Quick Facts on Colorectal Cancer (CRC)

- It's the second leading cause of cancer-related deaths in the US.
- 56,290 Americans will die this year from CRC, of those 7,080 will be African Americans.
- Approximately 145,290 new cases will be diagnosed in 2005, with 16,090 cases being African - Americans.
- In Tennessee, 1,220 people will die of CRC in 2005.
- 3,150 Tennesseans will be diagnosed with CRC in 2005.
- CRC is the third most common cancer in men and in women.
- CRC is the second most common cancer in African - American women and the third most common in African American men.
- The five year survival rate for CRC among African - Americans is 55% (1995-2000).

* Source: American Cancer Society, Facts & Figures 2005



SCREENING TEST OPTIONS



SCREENING TEST	FREQUENCY/COST ESTIMATE	PURPOSE	IMPORTANT CONSIDERATIONS	COVERED BY INSURANCE/MEDICARE?
Fecal Occult Blood Test (FOBT)	Once a year starting at 50. \$10–\$25* (If blood is found, follow-up testing is needed.)	Detects blood in stool from polyps, cancer, or causes unrelated to cancer.	You receive the test kit from your doctor or health care provider and do the test yourself at home. Your doctor will probably recommend that you avoid some foods and medicines before and until stool samples are collected.	Insurance: Many plans cover. Medicare: Covers annually starting at age 50 for people with Medicare. You pay no co-insurance or Part B deductible.
Flexible Sigmoidoscopy (Flex Sig)	Once every 5 years starting at 50. \$150–\$300* (If polyps or lesions are found, follow-up testing is needed.)	Doctor sees lining of rectum and lower part of colon. Tissue samples of polyps and cancers can be taken.	Provides direct view of rectum and lower colon where half of colorectal cancers occur, but cannot view entire colon. Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam. Very slight risk of perforation, infection, bleeding.	Insurance: Many plans cover every 4–5 years, beginning at age 50. Medicare: Covers once every 4 years. You pay 20% of Medicare-approved amount after Part B deductible.
Combination: FOBT and Flex Sig	FOBT annually and Flex Sig every 5 years starting at 50.	See above.	Combination of tests may increase the chance of finding polyps and early cancers.	See above.
Colonoscopy	Once every 10 years starting at 50 for people with no family or personal history of polyps and no symptoms. \$800–\$1600* (Colonoscopy is usually recommended as a follow-up test if any of the other screening tests are abnormal.)	Doctor sees lining of entire rectum and colon. Tissue samples of polyps and cancers can be taken. Most polyps can be removed during the test.	Provides direct view of rectum and entire colon. Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam. You're given medication to help make the exam more comfortable for you and are advised not to drive or work on the day of the exam. Slight risk of perforation, infection, bleeding.	Insurance: Coverage is variable when colonoscopy is used for screening. If it's needed for a follow-up test or diagnosing a problem, most plans cover. Check with your plan. Medicare: Covers average-risk patients every 10 years. You pay 20% of approved amount after Part B deductible. Also covers high-risk patients every 2 years and those needing a follow-up test after FOBT or flex sig. Check with Medicare for details.
Double Contrast Barium Enema	Once every 5–10 years starting at 50. \$250–\$500* (If polyps or lesions are found, follow-up testing is needed.)	Doctor sees x-ray image of entire colon. May be able to detect polyps and cancers.	Allows doctor to see outline of the colon on an x-ray. Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam. Slight risk of perforation.	Insurance: Many plans cover. Check with your plan. Medicare: Sometimes can be substituted for colonoscopy. Check with Medicare for details.

*Cost estimates are listed to show the typical range of rates for each test and may not include the costs of all related services.

CDC Publication #099-6486.
CMS Publication #11012 March 2002